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CONFIRMATION NO. 6390

|  |   |                                   |   |                                       |                                |
|--|---|-----------------------------------|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/696,525   | <b>FILING OR 371(c) DATE</b><br>10/29/2003<br><b>RULE</b>   | <b>CLASS</b><br>365               | <b>GROUP ART UNIT</b><br>2827   | <b>ATTORNEY DOCKET NO.</b><br>500-004 |                                |
| <b>APPLICANTS</b><br>Chieng-Chung Chen, Hsin-Chu, TAIWAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>TAIWAN 092109523 04/23/2003<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/29/2004</b>  |   |                                   |   |                                       |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>TAIWAN | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>13             | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>24002  |   |                                   |   |                                       |                                |
| <b>TITLE</b><br>MEMORY PUMPING CIRCUIT   |   |                                   |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>1090   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |